

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/591549

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓	↓	↓		
TOTAL DEP.			←	←	←		
TOTAL CLAIMS			19				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL IND.				↓			
TOTAL DEP.			←		←		
TOTAL CLAIMS			19				